

AMBULATORY PATIENT DATA PUBLIC DATA FILE LAYOUT

Valid through December 31, 2004 Revised 5/25/2010

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Pro Code	
5.	Facility Region	
6.	Facility County	
7.	Facility Number	
8.	Patient Race or Ethnicity	
9.	Patient Sex (Gender)	
10.	Patient Age	
11.	Patient Visit Weekday	
12.	Patient Zip Code	
13.	Patient County	
14.	Patient State of Residence	
15.	Patient Status at End of Visit	
16.	Principal Payer	
17.	Principal CPT or HCPCS Procedure Code	
18.	Other CPT or HCPCS Procedure Codes	Occurs up to 14 times
19.	Principal Procedure Modifier Code 1	
20.	Other Modifier Code 1	Occurs up to 14 times
21.	Principal Procedure Modifier Code 2	
22.	Other Modifier Code 2	Occurs up to 14 times
23.	Principal ICD-9-CM Diagnosis Code	
24.	Other ICD-9-CM Diagnosis Code	Occurs up to 4 times
25.	Principal ICD-9-CM Procedure Code	
26.	Referring Physician ID Number	
27.	Referring Physician UPIN Number	
28.	Operating Physician ID Number	
29.	Operating Physician UPIN Number	
30.	Radiology Professional Fee Indicator	
31.	Radiology Therapy Visits	
30.	Revenue Charges	Occurs up to 11 times
31.	Total Gross Charges	



AMBULATORY PATIENT DATA PUBLIC DATA FILE LAYOUT

Valid through December 31, 2004

Note: This document lists data elements from Chapter 59B-9, Florida Administrative Code (F.A.C.), through December 31, 2004. For more information please visit http://www.ahca.myflorida.com/SCHS/data.shtml.

DATA ELEMENT / FILE COLUMN		DESCRIPTION
HEADING		
	System Record Identification Number	A unique numeric system record identification (ID) number.
	sys_recid	
2	Report Year	The four-digit year.
	Year	
3	Report Quarter	A single-digit representing the quarter: 1 – January through March
		2 – April through June
	qu	3 – July through September
		4 – October through December
4	Pro Code	An internal AHCA program code assigned to each facility type.
		14 – Ambulatory Surgery Center
	pro_code	23 – Hospital 64 – Cardiac Catheterization
		66 – Lithotripsy
5		The Facility Region is a number assigned to health care facilities to indicate the facility's location by
		AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
-	.u.c cg.c	
6	Facility County	The Facility County is a number assigned to indicate the facility's location by county.
	fac_county	
	Facility	The identification number assigned by the Agency for reporting purposes.
	Identification	and a second control of the second control o
	Number	
	f l l	
-	facinbr	A six who which and a few identification of the matients we significate in book was and
8	Patient Race or Ethnicity	A single-digit code for identification of the patient's racial/ethnic background. 1 – American Indian or Alaska Native
	Limitorty	2 – Asian or Pacific Islander
	race	3 – Black or African American
		4 – White
		5 – White Hispanic
		6 – Black Hispanic 7 – Other
		8 – No Response.
9	Patient Sex	The sex of the patient, a single digit code:
	(Gender)	1 – Male
		2 – Female
	sex	3 – Unknown (Starting with 1/02 data)

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION				
10	Patient Age in Years age	Calculates number of years between birth date and visit beginning date.				
	Patient Visit Weekday	One-digit field indicating day of week procedure was performed. 1 – Monday 5 - Friday 2 – Tuesday 6 - Saturday 3 – Wednesday 7 - Sunday 4 – Thursday				
		The patient's permanent residence zip code. Zip codes are reported as indicated below for homeless patients, foreign residences, and where efforts to obtain the information were unsuccessful. A required entry. 00000 – Unknown ZIP Code 00007 – Homeless 00009 – Foreign Patient				
	Patient's County of residence. Florida patient's only. The patient's ZIP code is used to reference Postal Services database. When a ZIP code crosses county lines, the county code will co code of the county in which the greatest portion of that ZIP code lays. (See attached described Florida Counties by Number).					
14	Patient State ptstate	The patient's state of residence. The patients' ZIP code is used to reference the U.S. Postal Service standard state or territory.				
	Patient Status at End of Visit A two-digit code representing the patient's discharge status from the facility (Option available 1999+, required field starting 1/03, only 01, 02, 03, and 04 valid choices 20 deleted) pt status A two-digit code representing the patient's discharge status from the facility (Option available 1999+, required field starting 1/03, only 01, 02, 03, and 04 valid choices 20 deleted) pt status					
		02 - To a short term general hospital 03 - To a skilled nursing facility 04 - To an intermediate care facility 05 - To another type of institution 06 - Home under care of home health care 07 - Left facility against medical advice (AMA) 08 - Home on IV medications 20 - Expired				
16 Principal Payer A single-character, alpha code. Code A - Medicare B - Medicare HMO C - Medicaid		A - Medicare B - Medicare HMO C - Medicaid				
		D - Medicaid HMO E - Commercial Insurance F - Commercial HMO G - Commercial PPO H - Workers' Compensation I - CHAMPUS J - VA K - Other State/Local Govt. L - Self pay (no third party coverage) M - Other N - Charity O - Kidcare (Starting 1/03)				

	ATA ELEMENT / FILE COLUMN	DESCRIPTION
	HEADING	DESCRIFTION
	HCPCS	CPT codes between 10000-69999, 77000-77999 and 93500-93599. Primary procedure is the procedure for which the patient was primarily admitted to the facility. (Note: 77000-77999, not collected after 1/03)
	princpt	
18	Other CPT or HCPCS Procedure Codes	Up to fourteen secondary procedures (CPT or HCPCS).
	othcpt1 - othcpt14	
	Principal Procedure Modifier Code (1) mod1	The CPT two-digit modifier code for the primary procedure (optional field). Available in 1999+
20	Other Modifier	The CPT or HCPCS two-digit modifier code (optional field available 1999+).
	Code (1)	
	mod1_1 – mod1_14	
	Principal Procedure Modifier Code (2)	The CPT two-digit modifier code (optional field). Available in 1999+
	mod2	
	Other Modifier Code (2) mod2_1 -	The CPT or HCPCS two-digit modifier code (optional field available 1999+).
	mod2_14 Principal ICD-9-	ICD C CM and a Dringing diagnosis is the condition actablished after study, this and is the shipt
	CM Diagnosis	ICD-9-CM code. Principal diagnosis is the condition established after study, this code is the chief indicator to be used for occasioning the admission of the patient to the facility. Decimal is not included. The decimal in diagnosis codes is implied between the third and fourth digit.
	prindiag	
		Up to four secondary diagnosis codes (ICD-9-CM). Decimal is not included. Decimal implied between the third and fourth digit.
	othdiag1 - othdiag4	
	Procedure Code	ICD-9-CM procedure code. Decimal is not included. The decimal is implied between the third and fourth digit. (Available 1999+, optional field)
	prinproc	
	Referring Physician ID	The physician having primary responsibility referring or ordering the procedure. Out of State Physicians - Physician's home state two letter abbreviation and 9's (e.g., NY99999999)
	referphyid	Non US Physicians - XX999999999 Unavailable/Unknown - ZZ999999999 Military physicians not licensed in FL - US999999999

	ATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION	
	Referring Physician UPIN	The referring physician's <i>Unique Physician Identification Number</i> (blank as of 1/02).	
28	referupin Operating Physician ID	The physician having primary responsibility in performing the procedure. Must be a Florida Licensed Physician.	
	operphyid		
	Operating Physician UPIN	The operating physician's Unique Physician Identification Number (blank as of 1/02).	
	operupin		
	Professional Fee Indicator	One-digit field indicating whether or not professional fees for radiology services are in included. 1 - Yes	
	radfeeind	2 - No	
31	Radiation	This field indicates the total number of visits involved with this event if the primary procedure code is between 77000-77999 . If the primary procedure code <i>is not</i> between 77000-77999; this field will default to 01.	
	radvisits	(Note: 77000-77999, not collected after 1/03, field blank)	
	Revenue Charges Indicates total charges by specific revenue code groups. A required field. Revenue of reported numerically without dollar signs or commas, excluding cents. Reported as z charges.		
	(itemized charges 1-11)		
	Pharmacy Charges	Total amount associated with pharmacy charges rounded to the nearest dollar.	
	(1) pharmchgs		
	Med/Surgical Supply Charges	Total amount associated with medical and surgical supplies rounded to the nearest dollar.	
	(2) medchgs		
	Radiation Oncology Charges	Total amount associated with oncology charges rounded to the nearest dollar.	
	(3) radchgs		
	Laboratory Charges	Total amount associated with laboratory charges rounded to the nearest dollar.	
	(4) labchgs		
	CT Scan Charges	Total amount associated with CAT rounded to the nearest dollar.	
	(5) ctscanchgs		
		Total amount associated with operating room charges rounded to the nearest dollar.	
	(6) oprmchgs		

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
Anesthesia Charges	Total amount associated with anesthesia charges rounded to the nearest dollar.
(7) aneschgs	
MRI Charges	Total amount associated with MRI charges rounded to the nearest dollar.
(8) mrichgs	
Recovery Room Charges	Total amount associated with recovery room charges rounded to the nearest dollar.
(9) recovchgs	
Treatment/Obse rvation Room Charges	Total amount associated with treatment and observation charges rounded to the nearest dollar. Available 1999+
(10) obserchgs	
Other Charges	Total amount associated with other charges that do not fit into the other categories rounded to the nearest dollar.
(11) othchgs	
Total Gross Charges	The total of undiscounted charges for services rendered by the reporting entity. Sum of all charges must equal total charges, plus or minus 10. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if
tchgs	verified.

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES		
1	Escambia, Okaloosa, Santa Rosa And Walton		
Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jeffe Liberty, Madison, Taylor, Wakulla And Washington			
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union		
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia		
5	Pasco And Pinellas		
6	Hardee, Highlands, Hillsborough, Manatee And Polk		
7	Brevard, Orange, Osceola And Seminole		
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota		
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie		
10	Broward		
11	Miami-Dade And Monroe		

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_